

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:		
NAME:		
ADDRESS:		
BOARD/COMMISSION NAME:		
PART 2:		
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3,	
	Signature)	
	<input type="checkbox"/> Yes (If yes, check box and complete rest of	
	Part 2 and 3)	
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment		
Financial Interest	Employment	
Name of Entity where the financial interest exists:	Employment to be Exempted:	
Address of Entity:	Your Position/Job Title:	
Interest to be Exempted:		
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More		
Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.		
PART 3:		
Appointee:	Signature:	Date:

Mail, fax, or email this completed form to:

Kim Bennardi, Administrator

Department of Health and Mental Hygiene

Office of Appointments and Executive Nominations

201 W. Preston Street, Baltimore, MD 21201

Phone: (410) 767-4049

Fax: (410) 767-6489 or 410-333-7687

Email: kim.bennardi@maryland.gov

Form #5